Fill in this information to identify y			
United States Bankruptcy Court for the: DISTRICT OF NEVADA	·	RECEIVED AND FILED	
Case number (if known):	Chapter you are filing under:	2020 FEB 26 AM 10: 03	
	Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

F	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	JUSTIN First Name	THERESA First Name
	identification (for example, your driver's license or passport).	Middle Name	Middle Name
	, , .	BOYLE	BOYLE
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		Theresa
	have used in the last 8 years	First Name	First Name Ann
	Include your married or maiden names.	Middle Name	Middle Name Weeks
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>8</u> <u>5</u> <u>4</u> <u>1</u>	xxx - xx - <u>0</u> <u>3</u> <u>4</u> <u>8</u>
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx	9xx - xx

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-	otor 1 otor 2	JUSTIN M BOYLE THERESA BOYLE		Cas	Case number (if known)				
			About Debtor 1:		About Debtor 2 (Spouse	e Only in a Joint Case):			
4.	_	usiness names nployer	☑ I have not used any business	names or EINs.	i have not used any	business names or EINs.			
	(EIN) y	ication Numbers ou have used in it 8 years	Business name		Business name	· <u>·····</u>			
	Include	trade names and	Business name		Business name				
	aoing t	ousiness as names	Business name		Business name				
			EIN		EIN				
5.	Where	you live	EIN		EIN If Debtor 2 lives at a dif	ferent address:			
			5441 DESERT PEACH DR						
			Number Street		Number Street				
			SPARKS NV	89436					
			City State	ZIP Code	City	State ZIP Code			
			Washoe County		County				
			the one above, fill it in here. No court will send any notices to you mailing address.		from yours, fill it in her will send any notices to y address.				
			Number Street		Number Street				
			P.O. Box	· · · · · · · · · · · · · · · · · · ·	P.O. Box				
			City State	ZIP Code	City	State ZIP Code			
6.		ou are choosing	Check one:		Check one:				
	tnis di bankri	strict to file for uptcy	Over the last 180 days befor petition, I have lived in this of than in any other district.	e filing this istrict longer		ays before filing this d in this district longer strict.			
			I have another reason. Expl (See 28 U.S.C. § 1408.)	ain.	I have another reas (See 28 U.S.C. § 1				
F	art 2:	Tell the Court Ab	out Your Bankruptcy Case						
7.	Bankr	hapter of the ruptcy Code you	Check one: (For a brief description for Bankruptcy (Form 2010)). Also						
	are ch under	noosing to file	Chapter 7						
			Chapter 11						
			Chapter 12						
			Chapter 13						

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	Debtor 1 JUSTIN M BOYLE THERESA BOYLE		Case number (if known)								
8.	How you will pay the fee	Ø	court pay v	pay the entire fee when I file my petit for more details about how you may pay ith cash, cashier's check, or money ord If, your attorney may pay with a credit ca	y. Typicall er. If your	ly, if you are pay attomey is subi	ring the fee yourself, you may mitting your payment on your				
				I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).							
			By la than fee in	request that my fee be waived (You may request this option only if you are filing for Chapter 7. by law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the see in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 billing Fee Waived (Official Form 103B) and file it with your petition.							
9.	Have you filed for		No								
	bankruptcy within the last 8 years?		Yes.								
		Dist	trict		When		Case number				
		Dist	trict		When	MM / DD / XXX	Case number				
		Dist	rict								
						MM / DD / YYYY	Case number				
10.	Are any bankruptcy	$ \overline{\mathbf{A}} $	No								
	cases pending or being filed by a spouse who is		Yes.								
	not filing this case with	Det	otor			Relationsh	ip to you				
	you, or by a business partner, or by an	Dist	rict				Case number,				
	affiliate?	_,_		· · · · · · · · · · · · · · · · · · ·		MM / DD / YYYY					
		Deb	otor			Relationsh	ip to you				
		Dist	rict				Case number,				
		0,0				MM / DD / YYYY					
11.	Do you rent your residence?		No. Yes.	Go to line 12. Has your landlord obtained an eviction	ı judgment	t against you?					
				No. Go to line 12. Yes. Fill out Initial Statement About and file it as part of this bankrupto		•	Against You (Form 101A)				

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Debtor 1 JUSTIN M BOYLE THERESA BOYLE							Case nui	mber (if known)		
Pa	art 3:	Report About Ar	у Ві	ısine	sses You Own as a	Sole P	roprietor			· · · · · · · · · · · · · · · · · · ·
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Name of business, if any Number Street					
	If you h sole pro	nave more than one oprietorship, use a te sheet and attach it petition.			City Check the appropriate Health Care Busi Single Asset Rea Stockbroker (as of Commodity Broke) None of the abov	ness (as c I Estate (a lefined in er (as defii	lefined in 11 U. is defined in 11 11 U.S.C. § 10	S.C. § 101(27A)) U.S.C. § 101(51 1(53A))		ode
		er 11 of the uptcy Code and u a <i>small busines</i> s	can mo:	<i>set ap</i> st rece	filing under Chapter 11, oppropriate deadlines. If y int balance sheet, staten f these documents do no	you indica nent of ope ot exist, fo	te that you are erations, cash-f llow the proced	a small business low statement, ar	debtor, yo nd federal i	u must attach your ncome tax return
		For a definition of small		No.	I am not filing under C I am filing under Chap the Bankruptcy Code.	•		nall business deb	tor accordi	ing to the definition in
		ss debtor, see .C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code, and				-	
				Yes.	I am filing under Chap Bankruptcy Code, and				-	
Pá	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	roperty	or Any Pro	perty That No	eds Imr	nediate Attention
14.	proper alleged immine	own or have any ty that poses or is to pose a threat of ent and identifiable		No Yes.	What is the hazard?					
	safety?	to public health or ? Or do you own operty that needs iate attention?			If immediate attention	is needed	, why is it need	ed?		
per live a b	perisha livestoc	r example, do you own rishable goods, or estock that must be fed, or building that needs urgent pairs?			Where is the property?	Number	Street			
						City				ZIP Code

Debtor 1 Debtor 2 JUSTIN M BOYLE
THERESA BOYLE

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

		JUSTIN M BOYLE THERESA BOYLE				······································		Case number (if	know	n)	
Р	art 6:	Answer These Q	uest	ions f	or R	eporting P	urpos	ses			
16.	16. What kind of debts do you have?			as "i	No.		ridual pr o.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
			16b	mon	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer or business debts.						
17. Are you filing under Chapter 7?				No.	l am	not filing unde	er Chap	ter 7. Go to line 18.	 -		
	any exer exclude adminis are paid available	estimate that after mpt property is d and trative expenses that funds will be efor distribution cured creditors?	Ø	Yes.	admi	-	•	•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		ny creditors do mate that you		1-49 50-99 100-19 200-99				1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		ch do you your assets to 1?		\$100,0	01-\$10 001-\$!	00,000 500,000 1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		ch do you your liabilities to		•)1-\$10)01 - \$9	00,000 500,000 1 million	0000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1 Debtor 2	JUSTIN M BOYLE THERESA BOYLE	 		Case r	number (if	known)	 	
Part 7:	Sign Below	 	 				 	

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

JUSTIN M BOYLE, Debtor 1

Executed on <u>02/25/2020</u> <u>MM / DD / YYYY</u> THERESA BOYLE, Debtor 2

Executed on <u>02/25/2020</u> <u>MM / DD / YYYY</u>

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Debtor 1 Debtor 2	JUSTIN M BOYLE	Case number (if known)
-	you are filing this y without an	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
-	represented by an ou do not need to ge.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
		You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
		If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
		Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
		□ No ☑ Yes
		Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
		□ No ☑ Yes
		Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?
		No Yes. Name of Person Budget Services Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
		By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.
		X JUSTIN M BOYLE, Debter 1 THERESA BOYLE, Debtor 2
	C	Date 02/25/2020 Date 02/25/2020 MM / DD / YYYY
		Contact phone (775) 772-5508 Contact phone (775) 772-5508
		Cell phone Cell phone

Email address

Email address ___

`	Case 20-3022		Lintered 02/2	.0/20 10.12.04	rage 9 01 03
Fill in this info	ormation to ider	itify the case:			
Debtor 1	JUSTIN	M	BOYLE		
	First Name	Middle Name	Last Name		
Debtor 2	THERESA		BOYLE		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	DISTRICT OF NE	VADA		
Case number (if known)		Chapte	er <u>7</u>		
Official Form	119				
		aror'e Notico	Declaration a	and Signature	
Bankruptcy	Petition Prep	arers Nouce,	Deciaration, a	and Signature	
are filed in the cas bankruptcy petitio Rules of Bankrupt	se. If more than one on preparer who doe	bankruptcy petition s not comply with th	preparer helps with e provisions of title	the documents, each	olp prepare documents that must sign in Part 2. A s Code and the Federal
				ve the debtor sign it b must be filed with any	efore they prepare any document prepared.
	ng or accept any co				
Bankruptcy p	petition preparers are	not attorneys and ma	y not practice law or	give you legal advice, in	cluding the following:
■ whether t	o file a petition unde	r the Bankruptcy Code	(11 U.S.C. § 101 et s	seq.);	
■ whether f	iling a case under ch	apter 7, 11, 12, or 13 i	is appropriate;		
■ whether y	our debts will be elin	ninated or discharged	in a case under the B	Sankruptcy Code;	
■ whether \	ou will be able to ke	en vour home car or	other property after fil	ing a case under the Ba	ankruptcy Code:
•		arise because a case i		-	
	,		3 filed under the built	auptoy codo,	
	any tax claims may b	.		-1	
_	•			nto a reaffirmation agre	ement,
■ how to ch	naracterize the nature	of your interests in pr	roperty or your debts;	or	
■ what prod	cedures and rights ap	oply in a bankruptcy ca	ise.		
The bankru	ptcy petition prepar		Budget Serv	ices	has notified me of
any maximu	ım allowable fee be	Name fore preparing any de	ocument for filing or	accepting any fee.	
		_			
x /				Date 02/25/2020	
TUSTIN M BOY	LE, Debtor 1, acknow	vledging receipt of this	notice	MM / DD / YYYY	
x Sher	es Calo	eff		Date <u>02/25/2020</u>	_
THERESA BOY	LE, Debtor 2, acknoy	Medging receipt of this	s notice	MM / DD / YYYY	7

12/15

)eb	tor 1 JUSTIN M BOYLE tor 2 THERESA BOYLE			Case	e nu	mber (if known)		
P	art 2: Declaration and Sign	ature	of the Bankruptcy	Petition Prepar	rer			
	er penalty of perjury, I declare that:							
	am a bankruptcy petition preparer or t	he offi	oer principal menoneible	nerson or nartner	of a	hankruptcy petition preparer:		
	·							
-	Preparer as required by 11 U.S.C. §§ 1	110(b),	110(h), and 342(b); and			Notice to Debtor by Bankruptcy Petition		
į	f rules or guidelines are established ac preparers may charge, I or my firm noti accepting any fee from the debtor.	ccordin	ig to 11 U.S.C. § 110(h) s e debtor of the maximum	etting a maximum f amount before prep	ee t parir	or services that bankruptcy petitioning any document for filing or before		
ı	Budget Services							
Ī	Printed name	Title,	if any	Firm name, if i	it ap	plies		
-	1547 S. Virginia St #4							
١	Number Street							
١	Reno	NV	89502	775-3242277	7	·		
		State	ZIP Code	Contact phone	3			
Ch	ick: eck all that apply.) Voluntary Petition (Form 101)		Schedule I (Form 106I)		_	Chapter 11 Statement of Your Current Monthly		
_		_			ш	Income (Form 122B)		
7	Statement About Your Social Security Numbers (Form 121)	' 2	Schedule J (Form 106J) Declaration About an Inc			Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period		
7	Summary of Your Assets and Liabilities and Certain Statistical Information		Schedules (Form 106De	edules (Form 106Dec) ement of Financial Affairs (Form 107)		(Form 122C-1)		
7	(Form 106Sum) Schedule A/B (Form 106A/B)	A A	Statement of Intention for	or Individuals Filing		Chapter 13 Calculation of Your Disposable Income (Form 122C-2)		
	Schedule C (Form 106C)	M	Under Chapter 7 (Form Chapter 7 Statement of	•		Application to Pay Filing Fee in Installments (Form 103A)		
	Schedule D (Form 106D)	V	Monthly Income (Form 1	(22A-1)		Application to Have Chapter 7 Filing Fee		
	Schedule E/F (Form 106E/F)	\square	Statement of Exemption of Abuse Under § 707(b	•		Waived (Form 103B)		
	Schedule G (Form 106G)		(Form 122A-1Supp)		凶	A list of names and addresses of all creditors (creditor or mailing matrix)		
Y	Schedule H (Form 106H)	\square	Chapter 7 Means Test C (Form 122A-2)	Calculation		Other		
3ar ioc	nkruptcy petition preparers must sign a suments to which this declaration applie	nd give es, the	e their Social Security nur signature and Social Sec	mbers. If more than curity number of eac	one ch pi	e bankruptcy petition preparer prepared the reparer must be provided. 11 U.S.C. § 110.		
(Hushit		j.	(XX. ~ X	X	-9/6/ Date 02/25/2020		
٠	Signature of Mankruptcy petition preparesponsible person, or partner	rer or o		cial Security numbe	-			
	Budget Services							
	Printed name							
X .						Date		
	Signature of bankruptcy petition preparesponsible person, or partner	rer or o	officer, principal, So	cial Security numbe	r of	person who signed MM / DD / YYYY		

Printed name

B2800 (Form 2800) (12/15)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA RENO DIVISION

In re Ji	JSTIN M BOYLE		Case No.		
Ti	HERESA BOYLE Debtor		Chapter	7	
				SUPTCY PETITION pares the petition. 11 U.S	
prepa bank paid	er 11 U.S.C. § 110(h), I declared or caused to be prepartruptcy case, and that computo me, for services rendered	red one or more docume ensation paid to me withi	nts for filing by the in one year before	above-named debtor(s) in the filing of the bankruptcy	connection with this petition, or agreed to be
For d	locument preparation service	ces, I have agreed to acc	ept	\$150.00	
Prior	to the filing of this statemer	nt I have received		\$150.00	
Balar	nce Due			\$0.00	
	e prepared or caused to be oter 7 Petition	prepared the following d	ocuments (itemize):	
	provided the following service ion Preparation	ces (itemize):			
3. The	source of the compensation	paid to me was:			
	☑ Debtor	Other (specify)			
4. The	source of compensation to I	be paid to me is:			
	☑ Debtor	Other (specify)			
	foregoing is a complete stat by the debtor(s) in this bank		or arrangement fo	r payment to me for prepa	ration of the petition
	y knowledge no other perso except as listed below:	on has prepared for comp	pensation a docum	ent for filing in connection	with this bankruptcy
NAM	E			SOCIAL SECURITY I	NUMBER
x A	Marfett		Social Securit petition prepa	XX-9/65 ty number of bankruptcy arer*	02/25/2020 Date
Printe	get Services ed name and title, if any, of truptcy Petition Preparer		1547 S. Virgi Reno, NV 899		

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

Certificate Number: 17082-NV-CC-034128276

CERTIFICATE OF COUNSELING

I CERTIFY that on February 23, 2020, at 2:38 o'clock PM MST, JUSTIN BOYLE received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 23, 2020 By: /s/Kenneth Hernandez

Name: Kenneth Hernandez

Title: Certified Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Certificate Number: 17082-NV-CC-034128281

17092 NV CC 024129291

CERTIFICATE OF COUNSELING

I CERTIFY that on February 23, 2020, at 2:39 o'clock PM MST, THERESA A BOYLE received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 23, 2020 By: /s/Kenneth Hernandez

Name: Kenneth Hernandez

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Trillian Albinator	in una di au da i	doublifu vour oggo			
		dentify your case	BOYLE		
Debtor 1	JUSTIN First Name	Middle Name	Last Name		
Debtor 2	THERESA		BOYLE		
(Spouse, if filing)		Middle Name	Last Name	_	
United States Ba	nkruptcy Court fo	the: DISTRICT OF	NEVADA		
Case number (if known)				☐ Check i amende	if this is an ed filing
Official Form	106Sum				
Summary of	f Your Asse	ets and Liabilit	ties and Certain St	tatistical Information	12/1
correct informationschedules after you	on. Fill out all of	your schedules first; nal forms, you must	then complete the informa	er, both are equally responsible f ation on this form. If you are filing I check the box at the top of this	g amended
			<u> </u>		Your assets
4 Schodulo A/R	: Property (Officia	N Form 1064/R\			Value of what you own
	, ,	•	_		\$0.00
1a. Copy line	e 55, Total real es	tate, from Schedule A	<i>J</i> B		
1b. Copy line	e 62, Total persor	al property, from Scho	edule A/B		\$10,541.00
1c. Copy line	e 63, Total of all p	roperty on Schedule A	VB		\$10,541.00
Part 2: Su	mmarize You	r Liabilities			
					Your liabilities Amount you owe
			Property (Official Form 106i of claim, at the bottom of the l	D) last page of Part 1 of Schedule D	\$6,457.00
3. Schedule E/F	: Creditors Who H	lave Unsecured Claim	s (Official Form 106E/F)		
			,	Schedule E/F	\$0.00
3b. Copy the	total claims from	Part 2 (nonpriority un	secured claims) from line 6j (of Schedule E/F	+\$48,049.05
				Your total liabilities	\$54,506.05
Part 3: Su	mmarize You	r Income and Exp	oenses		
4. Schedule I: Ye	our Income (Offic	ial Form 106I)			\$3,214.00
			Schedule I		\$3,214.00
5. Schedule J: Y	our Expenses (O	fficial Form 106J)			

Copy your monthly expenses from line 22c of Schedule J

\$3,156.00

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	otor 1 otor 2	JUSTIN M BOYLE THERESA BOYLE	ase number (i	fknown)		
Р	art 4:	Answer These Questions for Administrative and Statistics	al Records			
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?	· -			
		lo. You have nothing to report on this part of the form. Check this box and sub es	mit this form to	o the court with yo	ur other schedules.	
7.	What I	kind of debt do you have?				
	<u> </u>	our debts are primarily consumer debts. Consumer debts are those "incurre amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statisti	-	•	a personal,	
		our debts are not primarily consumer debts. You have nothing to report on his form to the court with your other schedules.	this part of the	form. Check this	box and submit	
8.	8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.					
9.	Copy t	the following special categories of claims from Part 4, line 6 of Schedule E	E/F:			
			To	otal claim		
	From I	Part 4 on Schedule E/F, copy the following:				
	9a. D	omestic support obligations. (Copy line 6a.)		\$0.0	<u>o</u>	
	9b. Ta	axes and certain other debts you owe the government. (Copy line 6b.)	·	\$0.0	<u>o</u> _	
	9c. C	claims for death or personal injury while you were intoxicated. (Copy line 6c.)	-	\$0.0	<u>0</u>	
	9d. S	tudent loans. (Copy line 6f.)	_	\$0.0	<u>o</u>	
		obligations arising out of a separation agreement or divorce that you did not repriority claims. (Copy line 6g.)	ort as	\$0.0	<u>0</u>	
	9f D	ebts to pension or profit-sharing plans, and other similar debts. (Conv. line 6h.)	+	\$0.0	0	

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

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Fill in this inf	ormation to id	lentify your ca	se and this filing:		
Debtor 1	JUSTIN First Name	M Middle Name	BOYLE Last Name		
		Middle Name			
Debtor 2 (Spouse, if filing)	THERESA First Name	Middle Name	BOYLE Last Name		
(opodoo, ming)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
United States Bar	nkruptcy Court for	the: DISTRICT C	OF NEVADA		
Case number (if known)					neck if this is an nended filing
Official Form	106A/B				
Schedule A	B: Property	1			12/15
Part 1: De	scribe Each R	esidence, Buil	es, write your name and case numb	tate You Own or H	
No. Go			rest in any residence, building, land	l, or similar property?	
	•	•	all of your entries from Part 1, inclu Write that number here	- •	→ \$0.00
Part 2: Des	scribe Your V	ehicles			
•		•	st in any vehicles, whether they are cle, also report it on Schedule G: Exec	_	
3. Cars, vans, tr	rucks, tractors, s	port utility vehicle	es, motorcycles		
□ No ☑ Yes					
3.1.			as an interest in the property?		claims or exemptions. Put the
Make:	GMC	Check		•	d claims on Schedule D: Claims Secured by Property.
Model:	Yukon		ebtor 1 only ebtor 2 only	Current value of the	Current value of the
Year:	2005		ebtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate milea	ge: <u>141,000</u>		least one of the debtors and another	\$4,565.0	\$4,565.00
Other information:	,				
2005 GMC Yuko miles)	n (approx. 141,		neck if this is community property ee instructions)		

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	otor 1 otor 2	THERESA BOYLE Case number (if known)						
4.	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ✓ No ✓ Yes							
5.		e dollar value of the portion you own for all of your entries from Part 2, including any for pages you have attached for Part 2. Write that number here	\$4,565.00					
P	art 3:	Describe Your Personal and Household Items						
Do	you owi	or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.					
6.	Examp	hold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware						
	☑ No	s. Describe						
7.	Electro Examp	enics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games						
	Mo □ Ye	s. Describe						
8.		ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles						
	✓ No □ Ye	s. Describe						
9.		nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments						
	☑ No	s. Describe						
10.	Firearn Examp	ns les: Pistols, rifles, shotguns, ammunition, and related equipment						
	☑ No ☐ Yes	s. Describe						
11.		s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories						
	☑ Ye	s. Describe						
12.	Jewelr Examp	v les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	•					
	☑ No ☐ Yes	s. Describe						

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	tor 1 tor 2	JUSTIN M BO THERESA BO			Case num	nber (if known)	····
13.	Example No	m animals es: Dogs, cats, . Describe	birds, horses				1
	_	Ĺ					
14.	did not		d household	items you did not already	list, including any health ai	ds you	
☑ No ☐ Yes.		. Give specific					7
	info	information]
15.	Add the	dollar value o	f all of your e	entries from Part 3, includi	ng any entries for pages yo	u have	\$0.00
P	art 4:	•		cial Assets			
				ble interest in any of the fo	ollowing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you petition	have in your v	wallet, in your home, in a saf	e deposit box, and on hand w	when you file your	
	✓ No ☐ Yes	i			C	ash:	
17.			ouses, and o		cates of deposit; shares in crounds with		
	□ No ☑ Yes	i	···	Institution name:			
	17	1. Checking	account:	Checking account			\$9.00
18.		mutual funds, es: Bond funds		raded stocks accounts with brokerage firm	s, money market accounts		
	☑ No Yes		Institutio	n or issuer name:			
19.	-			rests in incorporated and i	unincorporated businesses,	, including	
	✓ No ☐ Yes	. Give specific rmation about	•	·			
	ther	n	Name of	entity:		% of ownership:	

Official Form 106A/B

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	tor 1 tor 2	JUSTIN M BOYLE THERESA BOYLE			Case number (if known)		
Deb	(O) Z	INERESA BOTLE			Case fluitibel (ii known)		
20.	Negotia	ble instruments include pe	rsonal check	r negotiable and non-negots, cashiers' checks, promis not transfer to someone by	sory notes, and money orders.		
	info	:. Give specific rmation about m	r name:				
21.	Retiren Exampl	nent or pension accounts es: Interests in IRA, ERIS profit-sharing plans	s A, Keogh, 40	11(k), 403(b), thrift savings a	accounts, or other pension or		
	_	List each ount separately. Type of	f account:	Institution name:			
22.	Your sh Example	y deposits and prepayme are of all unused deposits es: Agreements with landl ties, or others	you have ma	ade so that you may continu I rent, public utilities (electri	ue service or use from a company ic, gas, water), telecommunication	s	
	□ No						
	☑ Yes	.		Institution name or individu			4000.00
		-		Security deposit on re			\$800.00
23.	₩ No	es (A contract for a speci			ther for life or for a number of yea	rs)	
24.		ts in an education IRA, in C. §§ 530(b)(1), 529A(b), a			ram, or under a qualified state to	uition pro	gram.
	Mo Yes	s Institu	ution name a	nd description. Separately	file the records of any interests.	11 U.S.C.	§ 521(c)
25.	powers	equitable or future interesexercisable for your bea		erty (other than anything I	isted in line 1), and rights or		
		s. Give specific					
26.				ets, and other intellectual proceeds from royalties and			
	_	s. Give specific		***			
27.	Licens Examp	es, franchises, and other es: Building permits, exclu	general inta	ingibles s, cooperative association l	holdings, liquor licenses, profession	onal licens	ses
		s. Give specific					
Mor		roperty owed to you?					Current value of the
14101	,0y 0, p	open, oned to you.					portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you					
	□ No	Civo esseifia informatio	n Fadauri	2040 TAY BEELIND		Endoral	. 60 000 00
	-	 Give specific information out them, including whether 		2019 TAX REFUND. A	mt: ≱∠,∪∪∪.∪∪	Federal	
	•	already filed the returns				State:	\$0.00
	and	I the tax years				Local:	\$0.00

Official Form 106A/B

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-	tor 2 THERESA BOYLE THERESA BOYLE	Case number (if known)
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support	ort, maintenance, divorce settlement, property settlement
	No No	Alimony:
	Yes. Give specific information	NA
		Support:
		Divorce settlement:
		Property settlement:
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability ben compensation, Social Security benefits; unpaid loans you make the compensation of th	
	Yes. Give specific information	
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account ((HSA); credit, homeowner's, or renter's insurance
	☑ No	
	Yes. Name the insurance company of each policy and list its value Company name:	Beneficiary: Surrender or refund value
32.	Any interest in property that is due you from someone who has die If you are the beneficiary of a living trust, expect proceeds from a life in entitled to receive property because someone has died	
	✓ No ☐ Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsui Examples: Accidents, employment disputes, insurance claims, or rights	
	☑ No	
	Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including rights to set off claims	g counterclaims of the debtor and
	✓ No ☐ Yes. Describe each claim	
5.	Any financial assets you did not already list	
	☐ No ☑ Yes. Give specific information Wages	\$3,167.00
6.	Add the dollar value of all of your entries from Part 4, including any attached for Part 4. Write that number here	
Pa	art 5: Describe Any Business-Related Property You Ov	vn or Have an Interest In. List any real estate in Part
7.	Do you own or have any legal or equitable interest in any business	-related property?
	No. Go to Part 6.	
	Yes. Go to line 38.	

Deb Deb		JUSTIN M BOYLE THERESA BOYLE		Case number (if known)	
	4		piecione vou already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.		UCS receivable of continu	nissions you already earned		
	☑ Ye	s. Describe			
39.	Examp	desks, chairs, electr	omputers, software, modems, printers, copiers	, fax machines, rugs, telephones,	
	☑ No	s. Describe			
40.	Machi	nery, fixtures, equipmen	ent, supplies you use in business, and tools	of your trade	
	☑ No	s. Describe			
41.	Invent	ory			
	☑ No	s. Describe			
42.	Interes	its in partnerships or jo	oint ventures		
	✓ No	s. Describe Name o	of entity:	% of ownership:	
43.	Custo	mer lists, mailing lists, (or other compilations		
	☑ No		le personally identifiable information (as de	fined in 11 U.S.C. § 101(41A))?	
44.	Any b	usiness-related propert	ty you did not already list		
	☑ No	s. Give specific informa	ation.		
45.			your entries from Part 5, including any ent at number here		\$0.00
P	art 6:		m- and Commercial Fishing-Related an interest in farmland, list it in Part 1.	d Property You Own or Have	an Interest In.
46.	Do yo	u own or have any lega	al or equitable interest in any farm- or comr	nercial fishing-related property?	
		o. Go to Part 7. ss. Go to line 47.			

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	tor 1	JUSTIN M BOYLE		
Deb	tor 2	THERESA BOYLE	Case number (if known)	
47.	Farm a	nimais		Current value of the portion you own? Do not deduct secured claims or exemptions.
		es: Livestock, poultry, farm-raised fish]
48.	Crops-	either growing or harvested		
	info	s. Give specific]
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools	of trade	
	☑ No □ Yes	3]
50.	Farm a	nd fishing supplies, chemicals, and feed		
	Mo ☐ Yes]
51.	Any fai	rm- and commercial fishing-related property you did not already I	ist	
		s. Give specific]
52.		e dollar value of all of your entries from Part 6, including any entred for Part 6. Write that number here		\$0.00
P		Describe All Property You Own or Have an Interest in		
53.	•	have other property of any kind you did not already list? les: Season tickets, country club membership		
	✓ No ☐ Yes	s. Give specific information.		
54.	Add the	e dollar value of all of your entries from Part 7. Write that number	here	\$0.00

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Debtor 2		THERESA BOYLE	Case number (if known)				
P	art 8:	List the Totals of Each Part of this Form			····		
55.	Part 1:	Total real estate, line 2			<u> </u>	\$0.00	
56.	Part 2:	Total vehicles, line 5	\$4,565.00				
57 .	Part 3:	Total personal and household items, line 15	\$0.00				
58.	Part 4:	Total financial assets, line 36	\$5,976.00				
59.	Part 5:	Total business-related property, line 45	\$0.00				
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7:	Total other property not listed, line 54	+\$0.00				
62.	Total p	ersonal property. Add lines 56 through 61	\$10,541.00	Copy personal property total	+	\$10,541.00	
63	Total o	fall property on Schedule A/R Add line 55 + line 62				\$10.541.00	

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Using the property you liste space is needed, fill out an write your name and case of the space is needed, fill out an write your name and case of the space of t	Property You (atte as possible. If two red attach to this page as number (if known). you claim as exempt, r amount as exempt. Into fany applicable sund tax-exempt retirem market value under a exceed that amount, the Property You Company You Company You Company Applicable sund tax-exempt retirem market value under a exceed that amount, the Property You Company You You Company You	BOYLE ame Last Name CT OF NEVADA Claim as Exem married people are filing operty (Official Form 10 a many copies of Part you must specify the Alternatively, you man tatutory limit. Some ea nent funds—may be un a law that limits the ex your exemption would	pt J togel O6A/B, 2: Ad amount y claim exemptilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	However, if you claim an lar amount and the value of the
First Na Debtor 2 (Spouse, if filing) United States Bankruptcy Case number (if known) Official Form 1060 Schedule C: The Be as complete and accurate using the property you listed space is needed, fill out an write your name and case of the second of the amount of the second of 100% of fair property is determined to the light of the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of fair property is determined to the second of 100% of of 10	Property You (atte as possible. If two red attach to this page as number (if known). you claim as exempt, r amount as exempt. Into fany applicable sund tax-exempt retirem market value under a exceed that amount, the Property You Company You Company You Company Applicable sund tax-exempt retirem market value under a exceed that amount, the Property You Company You You Company You	Claim as Exem married people are filing operty (Official Form 10 a many copies of Part Alternatively, you may tatutory limit. Some enert funds—may be unally and the exemption would be a second of the exemption of the exemption would be a second of the exemption of the exemp	pt J togel O6A/B, 2: Ad amount y claim exemptilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	amended filing O4/ esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an lar amount and the value of the
(Spouse, if filing) First Nature United States Bankruptcy Case number (if known) Official Form 1060 Schedule C: The Be as complete and accurately sing the property you lister space is needed, fill out an write your name and case of the second s	Property You (te as possible. If two red on Schedule A/B: Pred attach to this page as number (if known). you claim as exempt, reamount as exempt, not of any applicable send tax-exempt retirement and tax-exempt retirement retirement and tax-exempt retirement retirement retirement retirement retirement	Claim as Exem Claim as Exem married people are filing operty (Official Form 10 a many copies of Part 10 a many copies o	pt J togel 06A/B 2: Ad amout y claim exemptilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	amended filing O4/ esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an lar amount and the value of the
Case number (if known) Official Form 1060 Schedule C: The Be as complete and accurately accurate	Property You (te as possible. If two red on Schedule A/B: Pred attach to this page as number (if known). you claim as exempt, reamount as exempt, not of any applicable sound tax-exempt retirent market value under a exceed that amount, the Property You Control of the Property You	CT OF NEVADA Claim as Exem married people are filing operty (Official Form 10 s many copies of Part , you must specify the Alternatively, you may tatutory limit. Some e nent funds—may be ur allaw that limits the ex your exemption would	pt J togel 06A/B 2: Ad amout y claim exemptilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	amended filing O4/ esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an lar amount and the value of the
Case number (if known) Official Form 1060 Schedule C: The Be as complete and accurately a surface is needed, fill out an avrite your name and case of the second state a specific dollar acceptance of the second	Property You (Interest as possible. If two red on Schedule A/B: Product attach to this page as number (if known). You claim as exempt, reamount as exempt, reamount as exempt, and tax-exempt retirent market value under a exceed that amount, the Property You Contact and The P	claim as Exem married people are filing operty (Official Form 10 many copies of Part you must specify the Alternatively, you may tatutory limit. Some ex not funds—may be un	toge 06A/B 2: Ad amor y clair exemp ilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	amended filing O4/ esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an lar amount and the value of the
Official Form 1060 Schedule C: The Be as complete and accurately sing the property you lister space is needed, fill out an write your name and case of the second state a specific dollar exempted up to the amount of 100% of fair property is determined to the light space. Part 1: Identify to the second	reperty You of the as possible. If two red on Schedule A/B: Produced attach to this page as number (if known). You claim as exempt, remount as exempt, and tax-exempt retirent market value under a exceed that amount, the Property You Company of the Prope	married people are filing operty (Official Form 10 amany copies of Part you must specify the Alternatively, you may tatutory limit. Some enent funds—may be unal law that limits the exyour exemption would	toge 06A/B 2: Ad amor y clair exemp ilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	esponsible for supplying correct information in the property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to clowever, if you claim an lar amount and the value of the
Be as complete and accurate Jsing the property you listed space is needed, fill out an write your name and case of For each item of property is to state a specific dollar exempted up to the amount exercive certain benefits, a exemption of 100% of fair property is determined to Part 1: Identify to the second control of the second	reperty You of the as possible. If two red on Schedule A/B: Produced attach to this page as number (if known). You claim as exempt, remount as exempt, and tax-exempt retirent market value under a exceed that amount, the Property You Company of the Prope	married people are filing operty (Official Form 10 amany copies of Part you must specify the Alternatively, you may tatutory limit. Some enent funds—may be unal law that limits the exyour exemption would	toge 06A/B 2: Ad amor y clair exemp ilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to clowever, if you claim an lar amount and the value of the
Be as complete and accura Using the property you liste space is needed, fill out an write your name and case r For each item of property s to state a specific dolla exempted up to the amou receive certain benefits, a exemption of 100% of fair property is determined to Part 1: Identify t I. Which set of exempt	ate as possible. If two red on Schedule A/B: Produce A/B:	married people are filing operty (Official Form 10 amany copies of Part you must specify the Alternatively, you may tatutory limit. Some enent funds—may be unal law that limits the exyour exemption would	toge 06A/B 2: Ad amor y clair exemp ilimite empti	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	esponsible for supplying correct information e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to clowever, if you claim an lar amount and the value of the
Using the property you listed space is needed, fill out an write your name and case of the space is needed, fill out an write your name and case of the space is to state a specific dollar exempted up to the amount of the space is determined to the space is determi	d on Schedule A/B: Product attach to this page as number (if known). you claim as exempt, or amount as exempt. In the first and tax-exempt retirent market value under a exceed that amount, the Property You Compared to the first and tax-exempt retirent market value under a exceed that amount, the Property You Compared to the first and tax-exempt retirent market value under a exceed that amount, the Property You Compared to the first and tax-exempt retirent market value under a exceed that amount, the Property You Compared to the first attachment of the first and tax-exempt retirent to the first a	operty Official Form 10 s many copies of Part , you must specify the Alternatively, you may tatutory limit. Some enert funds—may be unal law that limits the exyour exemption would	2: Ad amor y clair exemp alimite	as your source, list the ditional Page as nece unt of the exemption you the full fair market stones—such as those ad in dollar amount. Hon to a particular doll	e property that you claim as exempt. If mossary. On the top of any additional pages you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an lar amount and the value of the
is to state a specific dollal exempted up to the amous receive certain benefits, a exemption of 100% of fair property is determined to Part 1: Identify to 1. Which set of exemptions	r amount as exempt. nt of any applicable s and tax-exempt retiren market value under a exceed that amount, he Property You C	Alternatively, you may tatutory limit. Some enternation of the unit of the extended that limits the extended the extended that limits that limits the extended that limits that limits that limits the extended that limits that limits the extended that limits that limits the extended that limit	y clai exemp ilimite empti	m the full fair market options—such as those ed in dollar amount. Hoon to a particular doll	value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
1. Which set of exempt	· · · · · · · · · · · · · · · · · · ·	Claim as Exempt			
	ana ara vau alaimiaa'	2 Chaok ana ank	01400	if your spayed in filing	with you
	state and federal nonb	ankruptcy exemptions.		if your spouse is filing .S.C. § 522(b)(3)	with you.
_ `	federal exemptions. 1	that you claim as exe		fill in the information t	holow
For any property you	i list on Scriedule AVB	triat you claim as exe	mpt,	nii in the imormation i	below.
Brief description of the pe Schedule A/B that lists th		Current value of the portion you own		ount of the imption you claim	Specific laws that allow exemption
			* 1	eck only one box for th exemption	
Brief description:		\$4,565.00	_ 🗹	\$0.00	Nev. Rev. Stat. § 21.090(1)(f), (p)
2005 GMC Yukon (appr _ine from <i>Schedule A/B:</i>				100% of fair market value, up to any applicable statutory limit	
Brief description:		\$800.00	_ Ø	\$800.00	Nev. Rev. Stat. § 21.090(1)(n)
Security deposit on rer	ntal unit	\$000.00		100% of fair market	1464. 1464. Stat. & 21.030(1)(11)
ine from Schedule A/B:			ч	value, up to any applicable statutory limit	

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Debtor 2 THERESA BOYLE Part 2: Additional Page		Case number (if known)			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Check only one box for each exemption			
Brief description: 2019 TAX REFUND	\$2,000.00	\$2,000.00 100% of fair market	Nev. Rev. Stat. § 21.090(1)(z)		
Line from Schedule A/B:28		value, up to any applicable statutory limit			
Brief description: Wages	\$3,167.00	\$3,167.00 100% of fair market	Nev. Rev. Stat. § 21.090(1)(g)		
Line from Schedule A/B:35		value, up to any applicable statutory limit			

Fill in this inf	ormation to ide	entify your case				
Debtor 1	JUSTIN	M Middle Name	BOYLE Last Name			
Debtor 2 (Spouse, if filing)	THERESA	Middle Name	BOYLE Last Name			
		he: DISTRICT OF				
Case number	nkiupicy Court for a	ile. DISTRICT OF	NEVADA			
(if known)				· 	☐ Check if this is amended filing	an
Official Form	106D					
Schedule D:	Creditors V	Vho Have Cla	ims Secured	by Property		12/15
correct information On the top of any 1. Do any credit No. Che	on. If more space i additional pages, tors have claims s	is needed, copy the write your name ar ecured by your promit this form to the e	Additional Page, fi d case number (if k perty?	II it out, number the enti nown).	Ily responsible for suppries, and attach it to this this thing else to report on this	s form.
Part 1: Lis	t All Secured C	laims				
claim, list the creditor has a	creditor separately particular claim, lis ible, list the claims	ditor has more than for each claim. If m t the other creditors in alphabetical orde Describe the	ore than one in Part 2. As			A 200
Reliant Financia	ıl	secures the	claim: Yukon (approx.	\$6,457.00	\$4,565.00	\$1,892.00
Creditor's name 2575 W. Woodla Number Street	nd Dr	141,000 mi				
Anaheim City Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a community Date debt was inc	Debtor 2 only the debtors and an claim relates ty debt	Continge 608 Unliquida Disputed Nature of lie An agree Statutory Judgmer Judgmer Other (in Car Loa	ent ated n. Check all that apement you made (such as tax lie) of lien (such as tax lie) at lien from a lawsuit cluding a right to offs	ch as mortgage or secured n, mechanic's lien) set)		
Add the dollar val that number here:	_	in Column A on thi	s page. Write	\$6,457.00	.]	
If this is the last p	-	add the dollar value	totals from	\$6.457.00	7	

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

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				_	
Fill in this inf	ormation to i	dentify your ca	ase:		
Debtor 1	JUSTIN	М	BOYLE		
	First Name	Middle Name	Last Name	:	
Debtor 2	THERESA		BOYLE		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	r the: DISTRICT	OF NEVADA		
Case number (if known)				Check if this is an amended filing	
Official Form	106E/F				
Schedule E	/F: Creditor	s Who Have	Unsecured Claims		12/15
Do not include an If more space is r to this page. On the	ny creditors with needed, copy the the top of any ad	partially secured Part you need, fii ditional pages, w	claims that are listed in Schedule	entracts and Unexpired Leases (Official Fon e D: Creditors Who Hold Claims Secured by boxes on the left. Attach the Continuation (if known).	y Property.
	tors have priorit	unsecured clain	ns against you?		
	to Part 2.	y unsecured orall	is against you.		
Mo. Go Yes.	to i dit z.				
claim. For ea show both pri more space is	ich claim listed, id ority and nonprior	entify what type of ity amounts. As m ity unsecured clain	claim it is. If a claim has both priouch as possible, list the claims in a	unsecured claim, list the creditor separately for rity and nonpriority amounts, list that claim her liphabetical order according to the creditor's na Part 1. If more than one creditor holds a part	re and ame. If
(For an expla	nation of each typ	e of claim, see the	instructions for this form in the ins	truction booklet.	
2.1					
Priority Creditor's Nan	ne		Last 4 digits of account number		
Number Street			When was the debt incurred?		
Number Street			As of the date you file, the claim	is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
City	State	ZIP Code	.		
Who incurred the Debtor 1 only	debt? Check	one.	Type of PRIORITY unsecured cl	aim:	
Debtor 2 only			Domestic support obligations Taxes and certain other debts	you owe the government	
Debtor 1 and [•		Claims for death or personal i	•	
L	the debtors and		intoxicated		
—	claim is for a cor	nmunity debt	Other. Specify		
Is the claim subje	ct to onset?				
☐ No ☐ Yes					

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Debtor 1 JUSTIN M I Debtor 2 THERESA		Case number (if known)
Part 2: List All o	f Your NONPRIORIT	Y Unsecured Claims
No. You have n Yes 4. List all of your nonp If a creditor has more type of claim it is. Do	riority unsecured claims than one nonpriority unse not list claims already inc	I claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what liuded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd St N Number Street Ste 118		Last 4 digits of account number When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Wichita City Who incurred the debt? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Check if this claim is Is the claim subject to of No Yes	otors and another for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Rapid Cash
Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd St N Number Street Ste 118		\$809.00 Last 4 digits of account number u n t s When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Wichita City Who incurred the debt? ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 ☐ At least one of the det ☑ Check if this claim is Is the claim subject to of ☑ No ☐ Yes	otors and another for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Rapid Cash

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.3		\$9,358.00
Bill Pearce	Last 4 digits of account number E E K S	
Nonpriority Creditor's Name	When was the debt incurred? 2016	
2620 Kietzke Lane Number Street	As of the date you file, the claim is: Check all that apply.	
Turnet out of	_ Contingent	
	Unliquidated	
Reno NV 89502	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Repoed Vehicle	
Is the claim subject to offset?		
☑ No		
☐ Yes		
4.4		\$0.00
LI Budget Services	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
1547 S Virginia St #4 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Subst	_ Contingent	
	Unliquidated	
Reno NV 89502	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Notice Only	
Is the claim subject to offset?	•	
☑ No		
Yes		
4.5		\$327.00
	Last 4 digits of account number 3 5 2 5	4327.00
CBE Group Nonpriority Creditor's Name	When was the debt incurred? 2019	
4140 Kimball Ave	As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	Unliquidated	
Motorico IA E0704	Disputed	
Waterloo IA 50701 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -Ashford University	
Is the claim subject to offset?	•	
₩ No		
☐ Yes		

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.6		\$994.00
CMRE Financial	Last 4 digits of account number 9 0 S M	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
3075 E Imperial Hwy Number Street	As of the date you file, the claim is: Check all that apply.	
#200	Contingent	
	Unliquidated	
Brea CA 92821	Disputed	
Brea CA 92821 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Collecting for St. mary a med Senter	
No		
Yes		
4.7		\$320.00
Collection Bureau of America	Last 4 digits of account number	
Nonpriority Creditor's Name 25954 Eden Landing Rd	When was the debt incurred? 2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
1st Floor	_ Contingent	
	Unliquidated Disputed	
Hayward CA 94545		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☑ Check if this claim is for a community debt	Collecting for -DS Services of America	
Is the claim subject to offset?		
☑ №		
Yes		
4.8		Unknown
Collection Service of NV	Last 4 digits of account number 6 1 9 9	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
777 Forest St Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	Unliquidated	
Done NV 90500	─ ☐ Disputed	
Reno NV 89509 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	- was - more	
☑ No		
Yes		

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.9		\$708.00
Collection Service of NV	Last 4 digits of account number 0 2 0 4	
Nonpriority Creditor's Name 777 Forest St	When was the debt incurred? 2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Reno NV 89509		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Collecting for -Paycheck Advance Longley	
☑ No		
Yes		
4.10		****
	Last A digita of account number 4 7 0 6	\$633.00
Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number _4796_ When was the debt incurred? 2016	
PO Box 98872	When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	Unliquidated	
Las Vegas NV 89193	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☑ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.11		\$532.00
Diversified Consultants	Last 4 digits of account number 1 2 8 8	
Nonpriority Creditor's Name 10550 Deerwood Park Blvd	When was the debt incurred? 2019	
Number Street Ste 309	As of the date you file, the claim is: Check all that apply.	
leales wills Fi 20050	Disputed	
Jacksonville FL 32256 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	Collecting for -	
Is the claim subject to offset?		
☑ No ☐ Yes		

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Debtor 1 Debtor 2	JUSTIN M BOYLE	Case number (if known)	
Debitor 2	THERESA BOYLE	Case number (ii known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing	g any entries on this page, number the age.	em sequentially from the	
4.12			\$2,932.00
Enhanced	I Recovery	Last 4 digits of account number 6 3 4 0	
Nonpriority C 8014 Bay	reditor's Name	When was the debt incurred? 2019	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent Unliquidated	
		— Disputed	
Jacksonv City	ille FL 32256 State ZIP Code		
•	red the debt? Check one.	Student loans	
☐ Debtor	-	Obligations arising out of a separation agreement or divorce	
☐ Debtor	•	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Other. Specify Collecting for -	
ls the clair	n subject to offset?	•	
⊠ No			
Yes			
4.13			Unknown
Fingerhut		Last 4 digits of account number 4 4 8 0	
	reditor's Name rerwood Rd	When was the debt incurred? 2017	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent Unliquidated	
		Disputed	
St. Cloud City	MN 56303 State ZIP Code	Tune of NONDBIODITY unaccured claims	
•	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor	•	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt		Credit Card	
_	n subject to offset?		
☑ No			
☐ Yes			

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Debtor 1 Debtor 2	JUSTIN M BOYLE THERESA BOYLE	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	
4.14			\$7,856.26
	llager & Fuller, LTD	Last 4 digits of account number 0 7 0 2	
Nonpriority C 100 W. Li	reditor's Name herty St	When was the debt incurred? 2019	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Ste 800			
		— ☐ Disputed	
Reno	NV 89505 State ZIP Code	- CNONERIORIEM	
City Who incur	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor		Obligations arising out of a separation agreement or divorce	
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims	
12.1	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	if this claim is for a community debt	Execution	
_	n subject to offset?		
⊠ No			
Yes			
Re; AJAX	(Financial		
4.15			\$617.00
Indigo Ce		Last 4 digits of account number	
PO Box 4	reditor's Name 499	When was the debt incurred? 2018	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Disputed	
Beaverto City	n OR 97076 State ZIP Code	— Toward MONDRIORITY was a sweet algies.	
•	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor	•	☐ Obligations arising out of a separation agreement or divorce	
Debtor	•	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	if this claim is for a community debt	☑ Other. Specify Credit Card	
	m subject to offset?		
№ No	-		
Yes			

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.16		\$0.00
IRS	Last 4 digits of account number	·
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 24017,Stop 76101 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Fresno CA 93779		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Taxes	
Is the claim subject to offset? ☑ No		
Yes		
		•
4.17		\$0.00
Justin & Theresa Boyle Nonpriority Creditor's Name	Last 4 digits of account number	
5441 Desert Peach Dr	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Sparks NV 89436 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Notice Only	
Is the claim subject to offset?	•	
☑ No		
Yes		
4.18		\$9,136.00
Lithia/So Cascades Financial	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
	─	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Repoed Vehicle	
Is the claim subject to offset? ☑ No		
☐ Yes		

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.19		\$155.00
LVNV Funding	Last 4 digits of account number	
Nonpriority Creditor's Name 625 Pilot Rd Ste 2/3	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Las Vegas NV 89119 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No ☐ Yes		
T Yes		
4.20		\$150.00
Northern NV Med Center	Last 4 digits of account number6011_	
Nonpriority Creditor's Name PO Box 31001-0827	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Pasadena CA 91110-0827 City State ZIP Code	Type of MONPRIORITY unrequired alaims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No □ Yes		
4.21		\$0.00
NV Dept.of Taxation	Last 4 digits of account number	
Nonpriority Creditor's Name 555 E Washington Ave	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
Lee Verse NV 90404	Disputed	
Las Vegas NV 89101 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Notice Only	
Is the claim subject to offset? No		
T Yes		

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.22		\$59.64
Pacific Medical	Last 4 digits of account number 3 0 3 4	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
PO Box 149 Number Street	As of the date you file, the claim is: Check all that apply.	
Notified Street	_ Contingent	
	Unliquidated	
Tracy CA 95378	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No		
Yes		
4.23		\$158.00
Radiology Consultants	Last 4 digits of account number 4 1 1 9	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
PO Box 3177 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Indianopolis IN 46206-3177	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.24		\$1,797.00
Reno Emergency Physicians	Last 4 digits of account number1584	
Nonpriority Creditor's Name PO Box 95728	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Oklahoma City OK 73143-5728	_ _	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	MERICAL DELAICES	
Mo		
Yes		

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	
4.25		\$4,256.00
	Last 4 digits of account number 1 0 0 0	\$4,256.00
Nonpriority Creditor's Name	Last 4 digits of account number10_0_0	
PO Box 961245	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Ft Worth TX 76761	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
	Repoed Vehicle	
Is the claim subject to offset?		
☑ No		
Yes		
4.26		\$5,800.00
St. Mary's Med Group	Last 4 digits of account number 4 3 3 7	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
File 1463 Number Street	As of the date you file, the claim is: Check all that apply.	
1801 W. Olympic Blvd	_ Contingent	
	Unliquidated	
Pasadena CA 91199-1463	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
☑ Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No □ Yes		
4.27		\$0.00
US Trustee	Last 4 digits of account number	
Nonpriority Creditor's Name 300 Booth Street	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Reno NV 89502	_ ·	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	House Only	
No No		
Yes		

Debtor 1 JUSTIN M BOYLE
Debtor 2 THERESA BOYLE

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🖣	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 4	\$47,722.29
	6j.	Total. Add lines 6f through 6i.	6j.	\$47,722.29

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Debtor 1 JUSTIN M BOYLE

Debtor 2 THERESA BOYLE Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6 a .	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 👍	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 👍	\$48,049.05
	6j.	Total. Add lines 6f through 6i.	6j.	\$48,049.05

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	JUSTIN	M	BOYLE	
	First Name	Middle Name	Last Name	
Debtor 2	THERESA		BOYLE	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	r the: DISTRICT OF	NEVADA	
Case number				☐ Check if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			· · · · · · · · · · · · · · · · · · ·		-			
Fil	ll in this	information to i	dentify your case	9:				
De	btor 1	JUSTIN	M		YLE			
		First Name	Middle Name	Last	Name			
	btor 2	THERESA	A () A () - A ()		YLE	<u> </u>		
(Sp	oouse, if fil	ing) First Name	Middle Name	Last	Name			
Un	ited States	Bankruptcy Court fo	r the: DISTRICT OF	NEVAD	Α	<u>—</u> [
Ca	se numbe	,					☐ Check if this is an	
	known)						amended filing	
<u>Off</u>	icial Fo	<u>rm 106H</u>						
Sc	hedule	H: Your Cod	ebtors				12	2/15
page	Do you h	top of any Additiona	al Pages, write your o	name and	I case number (if	knowr	e left. Attach the Additional Page to this n). Answer every question. as a codebtor.) (Community property states and territories	
2.	include A	rizona, California, Ida	ho, Louisiana, Nevad	a, New Me	exico, Puerto Rico	, Texas	s, Washington, and Wisconsin.)	
		Go to line 3.						
	_	*	mer spouse, or legal	equivalen	t live with you at th	ne time	?	
	⊠	No Yes						
	M		state or territory did yo	ou live?	Nevada	Fill	in the name and current address of that person.	
						_	·	
		THERESA BOYLE	ermer spouse, or legal equ	ivalent			_	
		5441 DESERT PE	ACH DR				_	
		Number Street						
		SPARKS		NV	89436		_	
		City		State	ZIP Code		-	
3.	in Colum	n 1, list all of your c	odebtors. Do not inc	clude you	r spouse as a co	debtor	if your spouse is filing with you. List the	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this informa					
	JUSTIN First Name	M Middle Name	BOYLE Last Name		Check if this is:
		Middle Hallie	BOYLE		
	THERESA irst Name	Middle Name	Last Name		An amended filing
United States Bankrup	tcy Court for the:	DISTRICT OF	NEVADA		A supplement showing postpetition chapter 13 income as of the following of
Case number (if known)				_	MM / DD / YYYY
Official Form 106	l				
Schedule I: You	_				12
include information abo about your spouse. If m your name and case nur	ut your spouse. ore space is nee nber (if known).	If you are separ ded, attach a se Answer every q	ated and your spo parate sheet to th	use is not filing v	your spouse is living with you, with you, do not include information op of any additional pages, write
Part 1: Describ	e Employmen				
 Fill in your employs information. 	nent		Debtor 1		Debtor 2 or non-filing spouse
If you have more tha					
job, attach a separat with information about	opugo .	yment status	✓ Employed Not employed	vd	✓ Employed✓ Not employed
additional employers	.	-4:		.~	Personal Shopper
la alcula a aut tima a a	Occuj	ation	Finisher		reisonal Shopper
Include part-time, se or self-employed wo		yer's name	Fort Dearborn		Walmart
Occupation may incl student or homemak applies.	. = 1111	yer's address	Number Street		Number Street
					
			City	State Zip Co	ode City State Zip Cod
	How I	ong employed ti	here?		
		•			
Part 2: Give De	tails About M	onthly incom	е		
	tails About M			ing to report for an	ny line write \$0 in the space. Include your
Estimate monthly incom	ne as of the date	you file this form		ing to report for ar	ny line, write \$0 in the space. Include your
Estimate monthly income non-filing spouse unless of the spouse unless of	ne as of the date you are separated bouse have more	you file this form than one employ	n. If you have noth		ny line, write \$0 in the space. Include your
Estimate monthly income non-filing spouse unless of the state of the s	ne as of the date you are separated bouse have more	you file this form than one employ	n. If you have noth		ployers for that person on the lines below. If
Estimate monthly incom	ne as of the date you are separated bouse have more ach a separate si	you file this form than one employ teet to this form.	n. If you have noth er, combine the info	ormation for all em	ployers for that person on the lines below. If 1 For Debtor 2 or non-filing spouse
Estimate monthly income non-filing spouse unless of you or your non-filing spouse unless of you need more space, attended to the space of the space	ne as of the date you are separated couse have more tach a separate sh wages, salary, a If not paid month	you file this form than one employ neet to this form. nd commissions y, calculate what	n. If you have noth er, combine the info	For Debtor 2. \$2,42	ployers for that person on the lines below. If 1 For Debtor 2 or non-filing spouse

Official Form 106I Schedule I: Your Income page 1

Deb			M BOYLE								
Deb	tor 2	THERES	A BOYLE			Case no	ımbe	r (if know	n)		
						For Debtor 1	_	or Debto on-filing		<u>.</u>	
	Cop	y line 4 here			4.	\$2,426.00		\$1,7	97.00		
5.	List	all payroll dec	ductions:								
	5a.	Tax, Medican	e, and Social Security ded	uctions	5a.	\$193.00			23.00		
	5b.	Mandatory co	ontributions for retirement	plans	5b.	\$0.00			\$0.00		
	5c.	Voluntary co	ntributions for retirement p	olans	5c.	\$0.00			39.00		
	5d.	Required rep	ayments of retirement fund	d loans	5d.	\$0.00			\$0.00		
	5e.	Insurance			5e.	\$454.00			\$0.00		
	5f.	Domestic sup	pport obligations		5f.	\$0.00			\$0.00		
	5g.	Union dues			5g.	\$0.00			\$0.00		
	5h.	Other deduct Specify:	tions.		5h.+	\$0.00			\$0.00		
6.		the payroll de 5h.	eductions. Add lines 5a +	5b + 5c + 5d + 5e + 5f +	6.	\$647.00		\$3	62.00		
7.				Subtract line 6 from line 4.	7.	\$1,779.00		\$1,4	35.00		
8.			me regularly received:		_	4= 4=					
	8a.	business, pro	rom rental property and fro ofession, or farm		8a.	\$0.00			\$0.00		
		gross receipts	ment for each property and l s, ordinary and necessary bu hly net income.								
	8b.	Interest and o	dividends		8b.	\$0.00			\$0.00		
	8c.		ort payments that you, a no	on-filing spouse, or a	8c.	\$0.00			\$0.00		
		Include alimor	ny, spousal support, child su ment, and property settleme	• • •							
				· ··	8d.	e 0 00			t o oo		
	_		ent compensation		ои. 8е.	\$0.00			\$0.00		
	8e.		•	rocularly rappiya	oe.	\$0.00			\$0.00		
	8f.	Include cash a	ment assistance that you in assistance and the value (if lice that you receive, such as ar the Supplemental Nutrition bsidies.	known) or any non- food stamps							
		Specify:			8f.	\$0.00			\$0.00		
	8g.	Pension or re	etirement income		8g.	\$0.00			\$0.00		
	8h.	Other month	ly income.								
		Specify:			8h. +	\$0.00	, ,	;	\$0.00		
9.	Add	all other inco	orne. Add lines 8a + 8b + 8c	+ 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			\$0.00		
10.			r income. Add line 7 + line ine 10 for Debtor 1 and Debt		10.	\$1,779.00]+[\$1,4	35.00	=	\$3,214.00
11.	Inclu	e all other regulate contribution ids or relatives.	ular contributions to the earts from an unmarried partne	xpenses that you list in So r, members of your househo	c hedu old, yo	ie J. our dependents, yo	our ro	ommates	, and ot	her	
	Do r	not include any	amounts already included in	lines 2-10 or amounts that	are n	ot available to pay	exp	enses list	ed in Sc	hedi	ule J.
	Spe	cify:		<u>-</u>					11.	+	\$0.00
12.			n the last column of line 10 amount on the Summary of						12.		\$3,214.00
40		applies.	Image of decrees 111	in the veen effective of the	da F-	2					Combined nonthly income
13.		•	increase or decrease with	in the year after you file tr	IIS TOP	HI C					
		No. Yes. Explain:	None.								

Official Form 106I

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F	ıll in this inform	ation to identi	fy your case:			Check if t	thin in:	
	Debbard	U IOTIN	N .	BOYL	E		mended filing	
	Debtor 1	JUSTIN First Name	Middle Name	Last Na			pplement showing	postpetition
				DOVI	_		oter 13 expenses as	
	Debtor 2 (Spouse, if filing)	THERESA First Name	Middle Name	BOYL Last Na		follo	wing date:	
1	United States Bankr	uptcy Court for the	: DISTRICT OF N	IEVADA		MM	/ DD / YYYY	
	Case number							
	(if known)]		
<u>Of</u>	fficial Form 10	<u>6J</u>						
	chedule J: Yo					···		12/15
Be	as complete and ac	ccurate as possib	le. If two married p	eople are fil	ing together, both ar	e equally r	esponsible for sur	plying
					this form. On the top	of any add	ditional pages, wri	te your
nar	ne and case numbe	er (It Known). Ans	wer every question	•				
Р	art 1: Descri	be Your Hous	ehold					
1.	Is this a joint case	e?						
	□ No. Go to line	. ?						
			eparate household?	,				
	₩ 163. 2063 2	ebtor 2 iivo iii a s	cpuruto nodocinora.					
		s. Debtor 2 must fi	le Official Form 106J	-2, Expense	s for Separate Housel	hold of Deb	tor 2.	
2.	Do you have depe		No	•	•			
2.	•		Yes. Fill out this in	formation	Dependent's relati		Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	1 and	for each dependent		Debtor 1 or Debtor	2	age	live with you?
					stepson		<u>12</u>	Yes
	Do not state the de names.	ependents'						□ No
	names.							Yes
								□ No - □ Yes
								□ No
								∐ No T ∏ Yes
								□ No
								Yes
3.	Do your expenses	s include	☑ No					
	expenses of peop	ole other than	☐ Yes					
	yourself and you	r dependents?	_					
Б	art 2: Estima	ete Vour Ongo	ing Monthly Exp	aneae				
								12
					re using this form as supplemental Sche			
	form and fill in the		s bankruptcy is inco		a supplemental conto	uuio 0, 0		о р 0.
			h government assis	tance if vol	ı know the value of			
			n Schedule I: Your I	-			Your expens	es
4.	The rental or hom	ae ownershin exn	enses for your resid	lence			4 .	\$1,850.00
٦.			any rent for the grou					A Handing
	If not included in	line 4:						
	4a. Real estate ta	axes					4a	
	4b. Property, hon	neowner's, or rente	er's insurance				4b	
	4c. Home mainte	nance, repair, and	upkeep expenses				4c	\$50.00
	4d Homeowner's	association or co	ndominium dues				4d	

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	tor 1 JUSTIN M BOYLE tor 2 THERESA BOYLE	Case number (if known)
		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.
6.	Utilities:	
	6a. Electricity, heat, natural gas	6a. \$125.00
	6b. Water, sewer, garbage collection	6b
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$100.00
	6d. Other. Specify:	6d.
7.	Food and housekeeping supplies	7. \$400.00
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9. \$20.00
10.		10. \$25.00
11.		11.
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.
14.	Charitable contributions and religious donations	14.
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a.
	15b. Health insurance	15b.
	15c. Vehicle insurance	15c. \$157.00
	15d. Other insurance. Specify:	15d.
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1 2005 GMC Yukon	17a. \$279.00
	17b. Car payments for Vehicle 2	17b.
	17c. Other. Specify:	17c.
	17d. Other. Specify:	17d
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.
19.	Other payments you make to support others who do not live with you. Specify:	19.

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	tor 1 tor 2	JUSTIN M BOYLE THERESA BOYLE	Case number (if known)
20.	Other Sche	real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	r. Specify:	21.	
22.	Calcu	late your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a.	\$3,156.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,156.00
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,214.00
	23b.	Copy your monthly expenses from line 22c above.	23b	\$3,156.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$58.00
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your morto		
		No		
		Yes. Explain here:		

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Fill in this info Debtor 1		lentify your case			
	MIOTIN				
Debtor 2	JUSTIN	М	BOYLE		
Debtor 2	First Name	Middle Name	Last Name	_	
	THERESA		BOYLE	_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for	the: DISTRICT OF	NEVADA	_	
Case number				_	
(if known)				Check if this is an amended filing	
<u> </u>				arrienced ming	
Official Form	<u>106Dec</u>				
Declaration	About an Ir	dividual Debi	tor's Schedules	12/1	5
azou.uuu. Of IMDE!!					
	n Below	o 20 years, or bour.	18 U.S.C. §§ 152, 1341, 1519	9, and 3971.	
Sig	n Below			······································	_
Sig Did you pay o	n Below		an attorney to help you fill o	······································	
Sig Did you pay o	n Below or agree to pay so	omeone who is NOT		······································	_
Sig Did you pay o	n Below or agree to pay so			······································	

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F	ill in this inf	ormation to ic	lentify your case:				
ח	ebtor 1	JUSTIN	M	BOYLE			
		First Name	Middle Name	Last Name			
	ebtor 2	THERESA		BOYLE			
(5	spouse, if filing)	First Name	Middle Name	Last Name			
U	nited States Bar	nkruptcy Court for	the: DISTRICT OF I	NEVADA			
_	ase number					☐ Check if this is	an
(11	known)					amended filing	
	ficial Form	107	***				
			Affaira far lad	ividuala Cilina	for Donksunt		04/19
30	atement o	T Financiai	Amairs for ind	ividuals Filing	ior Bankrupu	cy	04/19
you	rect informations recting and cases	n. If more space se number (if kno	is needed, attach a sown). Answer every	separate sheet to this	form. On the top of	ally responsible for supp any additional pages, w	
1.	What is your of Married ☐ Not marrie	current marital s	tatus?				
2.	₩ No		•	ther than where you l			
	Yes. List	all of the places y	ou lived in the last 3 y	ears. Do not include w	nere you live now.		
3.	(Community p					roperty state or territory? New Mexico, Puerto Rico,	
	□ No ☐ Yes. Mak	e sure you fill out	Schedule H: Your Co	debtors (Official Form 1	06H).	•	

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			M BOYLE SA BOYLE	Case number (if known)				
Ρ	art 2:	Explai	n the Sources of Your Income					
Fill in the		total amo	nave any income from employment or from operating a business during this year or the two previous calendar years? total amount of income you received from all jobs and all businesses, including part-time activities. filing a joint case and you have income that you receive together, list it only once under Debtor 1.					
☑ No ☐ Yes. Fill in the details.								
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List each	source a	nd the gross income from each source separately. Do not inc	ude income that you listed in line 4.				
	Mo ☐ Yes.	Fill in the	e details.					
Ρ	art 3:	List Ce	ertain Payments You Made Before You Filed for	Bankruptcy				
6.	Are eith	er Debtor	1's or Debtor 2's debts primarily consumer debts?					
	□ No.		Debtor 1 nor Debtor 2 has primarily consumer debts. Cond by an individual primarily for a personal, family, or household	• • • •				
		During t	the 90 days before you filed for bankruptcy, did you pay any cr	editor a total of \$6,825* or more?				
		□ No.	Go to line 7.					
		☐ Yes.	List below each creditor to whom you paid a total of \$6,825* total amount you paid that creditor. Do not include payments child support and alimony. Also, do not include payments to	for domestic support obligations, such as				
		* Subjec	ct to adjustment on 4/01/22 and every 3 years after that for cas	ses filed on or after the date of adjustment.				
	Yes.	Debtor	1 or Debtor 2 or both have primarily consumer debts.					
		During t	he 90 days before you filed for bankruptcy, did you pay any cr	editor a total of \$600 or more?				
		No.	Go to line 7.					
		☐ Yes.	List below each creditor to whom you paid a total of \$600 or a creditor. Do not include payments for domestic support oblig Also, do not include payments to an attorney for this bankrup	ations, such as child support and alimony.				

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Debtor 1 Debtor 2		THERESA BOYLE Case number (if known)								
Insidera corpora agent, i		I year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; tions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.								
	M No □ Yes	s. List all payments to an i	nsider.							
8.	8. Within 1 year before you filed for bankruptcy, did you make any benefited an insider?			iny payments or transfer any p	roperty on a	ccount of a	debt that			
	Include	payments on debts guara	nteed or cosigned by an insider	•						
	☑ No ☐ Yes	s. List all payments that b	enefited an insider.							
Р	art 4:	Identify Legal Act	ons, Repossessions, an	d Foreclosures						
9.	List all	1 year before you filed fo such matters, including pe ations, and contract disput	rsonal injury cases, small claim	ty in any lawsuit, court action, is actions, divorces, collection su	or administi its, patemity	rative procee actions, sup	eding? port or custody			
	□ No ☑ Yes	s. Fill in the details.								
Cas	e title		Nature of the case	Court or agency		St	atus of the case			
		Service of NV vs	Judgement		Reno Justice Court Court Name					
1 DE	eresa W	reeks		1 S. Sierra St.	_					
Cas	e numbe	er RJC2019-106199		Number Street			On appeal Concluded			
			•	Reno	NV	89501				
				City	State	ZIP Code				
Cas	e title		Nature of the case	Court or agency		St	atus of the case			
Aja	xFinan	cial , LLc vs Theresa	Execution	Sparks Justice	Sparks Justice Court					
An	n Week	s		Court Name	lav # 475		— Pending — Pending			
				1675 E Prater W Number Street	ray # 1/5		On appeal			
Cas	e numbe	er 19-SCV-0702		Trumbor Coop.			☐ Concluded			
			•	Sparks	NV	89434				
				City	State	ZIP Code				
10.	seized,	1 year before you filed fo , or levied? all that apply and fill in the		r property repossessed, forec	losed, garnis	shed, attach	ed,			
		. Go to line 11.								
	بت	s. Fill in the information be	elow.							

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	tor 1 tor 2	JUSTIN M BOYLE THERESA BOYLE	Case number (if known)
11.		90 days before you filed for bankruptcy, did any creditor, including a bar its from your accounts or refuse to make a payment because you owed a	
	✓ No ☐ Yes	s. Fill in the details.	
12.		1 year before you filed for bankruptcy, was any of your property in the pors, a court-appointed receiver, a custodian, or another official?	essession of an assignee for the benefit of
	✓ No ☐ Yes		
Pa	art 5:	List Certain Gifts and Contributions	
13.	Within 2	2 years before you filed for bankruptcy, did you give any gifts with a tota	I value of more than \$600 per person?
	Mo No Yes	s. Fill in the details for each gift.	
14.		2 years before you filed for bankruptcy, did you give any gifts or contribucharity?	ations with a total value of more than \$600
	Mo No Yes	s. Fill in the details for each gift or contribution.	
Pa	art 6:	List Certain Losses	
15.		1 year before you filed for bankruptcy or since you filed for bankruptcy, olisaster, or gambling?	did you lose anything because of theft, fire,
	☑ No □ Yes	s. Fill in the details.	
Pa	art 7:	List Certain Payments or Transfers	
16.		1 year before you filed for bankruptcy, did you or anyone else acting on y you consulted about seeking bankruptcy or preparing a bankruptcy pet	
	Include	any attorneys, bankruptcy petition preparers, or credit counseling agencies for	r services required for your bankruptcy.
	✓ No Yes	s. Fill in the details.	
17.	anyone	1 year before you filed for bankruptcy, did you or anyone else acting on you who promised to help you deal with your creditors or to make payments include any payment or transfer that you listed on line 16.	
	⋈ No		

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	tor 1 tor 2	JUSTIN M BOYLE THERESA BOYLE	Case number (if known)
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwise y transferred in the ordinary course of your business or financial affair.	
		both outright transfers and transfers made as security (such as granting of a nclude gifts and transfers that you have already listed on this statement.	security interest or mortgage on your property).
	M No ☐ Yes	. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfer any property (a beneficiary? (These are often called asset-protection devices.)	o a self-settled trust or similar device of which
	☑ No ☐ Yes	. Fill in the details.	
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	sit Boxes, and Storage Units
20.		l year before you filed for bankruptcy, were any financial accounts or in closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates or pension funds, cooperatives, associations, and other financial institutions.	f deposit; shares in banks, credit unions, brokerage
	Mo ☐ Yes	. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankruptcy urities, cash, or other valuables?	, any safe deposit box or other depository
	☑ No ☐ Yes	. Fill in the details.	
22.	Have yo	ou stored property in a storage unit or place other than your home withi	n 1 year before you filed for bankruptcy?
	Yes	. Fill in the details.	
Pa	rt 9:	Identify Property You Hold or Control for Someone Else	
23.		hold or control any property that someone else owns? Include any pro in trust for someone.	perty you borrowed from, are storing for,
	☑ No ☐ Yes	. Fill in the details.	

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	btor 1 btor 2	JUSTIN M BOYLE THERESA BOYLE Case number (if known)
		Case Humber (II KNOWII)
P	art 10	Give Details About Environmental Information
Fo	r the pu	rpose of Part 10, the following definitions apply:
	hazard	nmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of ous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, ng statutes or regulations controlling the cleanup of these substances, wastes, or material.
		eans any location, facility, or property as defined under any environmental law, whether you now own, operate, or t or used to own, operate, or utilize it, including disposal sites.
		ous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic nce, hazardous material, pollutant, contaminant, or similar item.
Re	port all	notices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has a law?	ny governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	_	es. Fill in the details.
25.	Have ☑ N	you notified any governmental unit of any release of hazardous material?
	_	es. Fill in the details.
26.	Have order	you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and s.
	O Y	o s. Fill in the details.
P	art 11	Give Details About Your Business or Connections to Any Business
27.	Within busin	n 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ess?
	[A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership
	[An officer, director, or managing executive of a corporation
	[An owner of at least 5% of the voting or equity securities of a corporation
		o. None of the above applies. Go to Part 12. es. Check all that apply above and fill in the details below for each business.
28.		n 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include ancial institutions, creditors, or other parties.
	□ Y	o es. Fill in the details below.

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Debtor 1	JUSTIN M BOYLE	
Debtor 2	THERESA BOYLE	Case number (if known)
Part 12:	Sign Below	
that answer property by	s are true and correct. I understand that m	Affairs and any attachments, and I declare under penalty of perjury king a false statement, concealing property, or obtaining money or can result in fines up to \$250,000, or imprisonment for up to 20 years,
X JUSTIN I	M BOYLE, Debtor 1	THERESA BOYLE, Debtor 2
Date	02/25/2020	Date 02/25/2020
Did you atta	ch additional pages to Your Statement of F	nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
☑ No ☐ Yes		
Did you pay	or agree to pay someone who is not an att	rney to help you fill out bankruptcy forms?
□ No		
Yes. Na	me of person Budget Services	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this int	formation to id	lentify your case				
Debtor 1	JUSTIN	M	BOYLE			
	First Name	Middle Name	Last Name			
Debtor 2	THERESA		BOYLE			
(Spouse, if filing)) First Name	Middle Name	Last Name			·
United States Ba	inkruptcy Court for	the: DISTRICT OF	NEVADA			
Case number (if known)						Check if this is an amended filing
Official Form	<u>108</u>					
Statement o	of Intention	for Individuals	Filing Unde	r Chapter 7		12/15
If you are an indiv	vidual filing unde	chapter 7, you must	t fill out this form if	:		
•	_	by your property, or				
■ you have lease	ed personal prop	erty and the lease ha	s not expired.			
You must file this of creditors, which and lessors you l	:hever is earlier, ι	urt within 30 days afi inless the court exte	ter you file your ba nds the time for ca	nkruptcy petition or luse. You must also s	by the date set fo send copies to th	r the meeting e creditors
If two married peo		ether in a joint case, ne form.	both are equally re	sponsible for supply	ing correct infor	mation.
	•				Abia Sama On Ab	- 4 of am.
		essible. If more space and case number (if		a separate sneet to	this form. On th	e top or any
		M. 11 110				
Part 1: Lis	st Your Credite	ors Who Hold Sec	cured Claims			
_	litors that you list ormation below.	ed in Part 1 of Scheo	dule D: Creditors W	ho Hold Claims Secu	ired by Property	(Official Form 106D),
Identify the o	creditor and the p	roperty that is collate		you intend to do wi that secures a debt		d you claim the property exempt on Schedule C?
Creditor's name:	Reliant Final	ncial	_	render the property. ain the property and r	edeem it.	No Yes
Description o	f 2005 GMC Y	ukon (approx. 141,	UUU 🝱	ain the property and e affirmation Agreement		
property securing debi	miles) t:			ain the property and [
Part 2: Lis	st Your Unexn	red Personal Pro	nerty I eases			
			,,,,,			· · · · · · · · · · · · · · · · · · ·
fill in the informat	tion below. Do no		es. Unexpired leas	es are leases that ar	e still in effect; ti	eases (Official Form 106G), ne lease period has not § 365(p)(2).
Describe you	ur unexpired pers	onal property leases	i		Will	this lease be assumed?
None.						

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Debtor 1 Debtor 2	JUSTIN M BOYLE THERESA BOYLE		Case number (if known)
Part 3:	Sign Below		
		• /	ny property of my estate that secures a debt and
person:	al property that is subject to an unexp	x Muya	Roef
	M BOYLE, Debtor 1	THERESA BOYLE, Deb	tor 2
<u>-</u>	<u>2/25/2020</u> IM / DD / YYYY	Date <u>02/25/2020</u> MM / DD / YYYY	_

F	ill in this	information to it	dentify your case	:	Check one box only as directed in this form and in Form 122A-1Supp:
P	ebtor 1	JUSTIN First Name	M Middle Name	BOYLE Last Name	
	ebtor 2		Isradic Name		1. There is no presumption of abuse.
		ng) First Name	Middle Name	BOYLE Last Name	2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7
U	nited States	Bankruptcy Court for	r the: DISTRICT OF I	NEVADA	Means Test Calculation (Official Form 122A-2).
	ase number			3. The Means Test does not apply now because of qualified military service but it could apply	
(i	f known)				later.
_					Check if this is an amended filing
Of	fficial Fo	rm 122A-1			
			Vous Cussont	Monthly Income	40/4
_					12/1s
info are mil	ormation ap exempted fi itary service	plies. On the top of from a presumption	any additional pages of abuse because yo	s, write your name and cas u do not have primarily co	the line number to which the additional se number (if known). If you believe that you onsumer debts or because of qualifying Abuse Under § 707(b)(2) (Official Form
Р	art 1:	Calculate Your C	urrent Monthly Ir	ncome	
1.	What is yo	our marital and filing	status? Check one o	only.	
	☐ Not m	narried. Fill out Colu	mn A, lines 2-11.		
	Marri	ed and your spouse	is filing with you. Fil	ll out both Columns A and B	3, lines 2-11.
	☐ Marri	ed and your spouse	is NOT filing with yo	u. You and your spouse a	are:
	<u> </u>	iving in the same h	ousehold and are not	legally separated. Fill out	both Columns A and B, lines 2-11.
		leclare under penalty	of perjury that you and	d your spouse are legally se	11; do not fill out Column B. By checking this box, you eparated under nonbankruptcy law that applies or that you g the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).
	Til kungan				
10					
2.		s wages, salary, tips payroll deductions).	s, bonuses, overtime,	and commissions	\$2,426.00 \$1,797.00
3.		nd maintenance pay 3 is filled in.	ments. Do not include	e payments from a spouse	\$0.00
4.	regular con your depen	of you or your depe tributions from an un dents, parents, and r	oommates. Include re		<u>\$0.00</u>

Debtor 1 JUSTIN M BOYLE Debtor 2 THERESA BOYLE Case number (if known) Net income from operating a business, profession, or farm Debtor 1 Debtor 2 Gross receipts (before all \$0.00 \$0.00 deductions) Ordinary and necessary operating -\$0.00 Net monthly income from a business, \$0.00 \$0.00 \$0.00 \$0.00 profession, or farm Net income from rental and other real property Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses Сору \$0.00 \$0.00 Net monthly income from rental or \$0.00 \$0.00 other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

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	otor 1 otor 2	JUSTIN M BOYLE THERESA BOYLE				
11. Calcula Add line		ate	your total current monthly income. 2 through 10 for each column. the total for Column A to the total for Column	umn B.	\$2,426.00 + \$1,797.00 = \$4,223.00 Total current monthly income	
P	art 2:		Determine Whether the Means	Test Applies to You		
12.	Calcula	ate	your current monthly income for the y	ear. Follow these steps:		
	12a. (Cop	by your total current monthly income from	line 11	Copy line 11 here \Rightarrow 12a\$4,223.00	
	ł	Mul	tiply by 12 (the number of months in a ye	ar).	X 12	
	12b.	The	result is your annual income for this part	of the form.	12b. \$50,676.00	
13.	Calcula	ate	the median family income that applies	to you. Follow these steps:		
	Fill in th	ne s	state in which you live.	Nevada		
	Fill in th	ne n	number of people in your household.	3		
	Fill in th	ne n	nedian family income for your state and s	size of household		
			st of applicable median income amounts, s for this form. This list may also be avai			
14.	How do	o th	e lines compare?			
	14a.	V	Line 12b is less than or equal to line 13. Go to Part 3. Do NOT fill out or file Office		box 1, There is no presumption of abuse.	
	14b. [Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, <i>The</i>	presumption of abuse is determined by Form 122A-2.	
Pa	irt 3:	Ŀ	Sign Below			
	By sig	ınin	g here, I declare under penalty of perjury	that the information on this st	atement and in any attachments is true and correct.	
	v	/			MUSARON	
	X	ST	IN M BOYLE, Debtor 1	X X	RESA BOYLE, Debtor 2	
		ıte	2/25/2020	Date	2/25/2020	
		_	MM / DD / YYYY		MM / DD / YYYY	
	If you	che	ecked line 14a, do NOT fill out or file Form	n 122A-2.		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA RENO DIVISION

IN RE: JUSTIN M BOYLE THERESA BOYLE

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 2/25/2020	Signature
	JUSTIN MEDILE
Date 2/25/2020	There of
Date	Signature Signature
	THERESA BOYLE

Ad Astra Recovery 7330 W 33rd St N Ste 118 Wichita, KS 67205

Bill Pearce 2620 Kietzke Lane Reno, NV 89502

Budget Services 1547 S Virginia St #4 Reno, NV 89502

CBE Group 4140 Kimball Ave Waterloo, IA 50701

CMRE Financial 3075 E Imperial Hwy #200 Brea, CA 92821

Collection Bureau of America 25954 Eden Landing Rd 1st Floor Hayward, CA 94545

Collection Service of NV 777 Forest St Reno, NV 89509

Credit One Bank PO Box 98872 Las Vegas, NV 89193

Diversified Consultants 10550 Deerwood Park Blvd Ste 309 Jacksonville, FL 32256 Enhanced Recovery 8014 Bayberry Rd Jacksonville, FL 32256

Fingerhut 6250 Ridgerwood Rd St. Cloud, MN 56303

Guild, Gallager & Fuller, LTD 100 W. Liberty St Ste 800 Reno, NV 89505

Indigo Celtic Bank PO Box 4499 Beaverton, OR 97076

IRS PO Box 24017, Stop 76101 Fresno, CA 93779

IRS Fresno, CA 93888-0010

Justin & Theresa Boyle 5441 Desert Peach Dr Sparks, NV 89436

Lithia/So Cascades Financial

LVNV Funding 625 Pilot Rd Ste 2/3 Las Vegas, NV 89119 Northern NV Med Center PO Box 31001-0827 Pasadena, CA 91110-0827

NV Dept.of Taxation 555 E Washington Ave Las Vegas, NV 89101

Pacific Medical PO Box 149 Tracy, CA 95378

Radiology Consultants PO Box 3177 Indianopolis, IN 46206-3177

Reliant Financial 2575 W. Woodland Dr Anaheim , CA 92801-2608

Reno Emergency Physicians PO Box 95728 Oklahoma City, OK 73143-5728

Santander Consumer PO Box 961245 Ft Worth, TX 76761

St. Mary's Med Group File 1463 1801 W. Olympic Blvd Pasadena, CA 91199-1463

US Trustee 300 Booth Street Reno, NV 89502